



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland Board of Morticians and Funeral Directors

4201 Patterson Avenue, Baltimore, MD 21215

Board Office: 410-764-4792, Fax: 410-358-6571

Email: mdh.bomfd@maryland.gov

Website: <https://health.maryland.gov/bom>

Transport Vehicle Inspection Report

		Date	Time Arrived	Time Departed
Name of Transport Service		Permit Number:		
Street Address		Related Services:		Issue Date:
Permit Holder	City	State	ZIP	Telephone
Type of Inspection	Witness of Inspection	Permit Displayed Y / N		Fax
<input type="checkbox"/> New <input type="checkbox"/> Deficiency Follow-up <input type="checkbox"/> Routine <input type="checkbox"/> Other				Email
Registered Employees (Last, First, M.I.)	T			
	T			
	T			
	T			
	T			

Maryland Board of Morticians and Funeral Directors
Transport Vehicle Inspection Report - cont.

Removal Vehicle		
Make:		Model:
Tag #:		State:
		Registration:
Yes	No	Requirements per COMAR 10.29.21.07
		Remains obscured from public while in transit (properly tinted windows)
		Impervious interior (CARGO), including flooring
		Impervious interior (passenger compartment)
		Universal precaution kit
		Red bio-waste bag
		Heavy disaster pouch
		Goggles/face shield
		Booties
		Masks
		Disposable gloves
		Clean or disposable apron/bio suit
		Antiseptic hand cleaner
		Disinfectant spray
		Clean towels/paper towels
		First aid kit
		Removal stretcher/litter clean and sanitary with removable pouch
Additional Inspection Requirements per COMAR 10.29.21.07, 10.29.21.05		
Cleaning schedule log		
Cleanliness		
Previous inspection sticker # and date		
New Sticker #		
Evidence of pets		
Cargo bay enclosed		
Check for bio-trash		

Maryland Board of Morticians and Funeral Directors
Transport Vehicle Inspection Report - cont.

Where is bio-trash disposed	
Deficiencies	
# Violations Issued	
# Days to Correct	
Additional Notes	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Passed Inspection / No deficiencies

Printed Name and Signature of Inspector

Date

Printed Name and Signature & Title of Transporter

Date

This vehicle has been inspected by an inspector of the Department of Health and Mental Hygiene. This vehicle has successfully passed with no deficiencies noted during this inspection.

Deficiencies Identified

Printed Name and Signature of Inspector

Date

Printed Name and Signature & Title of Transporter

Date

This vehicle has been inspected by an inspector of the Department of Health and Mental Hygiene. The results of the inspection have been noted. I acknowledge that the above noted deficiencies have been deemed by the inspector as deficient and have been explained to me. I agree to remedy all deficiencies above within the number of days stated.

Printed Name and Signature of Board Member Approving Inspection

Date

BOARD SIGNATURE IN AGREEMENT OF DEFICIENCY REPORTED ____

BOARD PASSING LETTER ____